

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA**

In RE:

GAIL Y. FORD

Chapter: 13

Claim Number: 22

Case Number: 20-21863

Debtor(s)

NOTICE OF CREDITOR CHANGE OF ADDRESS

The creditor in the above-entitled case hereby requests that the mailing address pertaining to NOTICES and PAYMENTS, listed in the above stated case, be changed.

NOTICE ADDRESS

FROM:

Synchrony Bank c/o PRA Receivables
Management, LLC

TO:

Synchrony Bank by AIS InfoSource, LP as
agent

PO Box 41021

4515 N Santa Fe Ave

Norfolk, VA 23541

Oklahoma City, OK 73118

PAYMENT ADDRESS

FROM:

Synchrony Bank c/o PRA Receivables
Management, LLC

TO:

Synchrony Bank by AIS InfoSource, LP as
agent

PO Box 41031

Dept 888 PO BOX 4457

Norfolk, VA 23541

Houston TX 77210-4457

Date: 06/29/2023

/s/ Harsha Somanı

Creditor's Authorized Agent for Synchrony
Bank

**UNITED STATES BANKRUPTCY COURT
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In RE:

GAIL Y. FORD

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Debtor(s)

Certificate of Service

I certify that on 06/29/2023, I caused to be served a true and correct copy of the foregoing document by electronic mail or by first class mail with postage prepaid on the following:

Via CM / ECF / NEF

Attorney for Debtor
DENNIS J SPYRA
DENNIS@SPYRALAWOFFICE.COM

Trustee
RONDA J WINNECOUR

United States Trustee
OFFICE OF THE UNITED STATES TRUSTEE

/s/ Harsha Somani
Harsha Somani
AIS InfoSource, LP
4515 N Santa Fe Ave
Oklahoma City, OK 73118
877-893-8820
POC_AIS@aisinfo.com

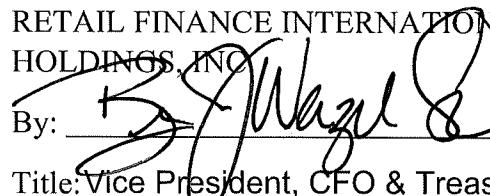
LIMITED POWER OF ATTORNEY

In accordance with the MASTER SERVICES AGREEMENT dated August 1, 2020 (the "Agreement") by and between RETAIL FINANCE INTERNATIONAL HOLDINGS, INC., a wholly owned subsidiary of Synchrony Financial and an affiliate of Synchrony Bank, on behalf of itself and for the benefit of its affiliates ("RFIH"), and AIS INFOSOURCE, LP, RFIH and Synchrony Bank hereby name, constitute, and appoint AIS INFOSOURCE, LP ("AIS"), or any of its authorized agents, employees or representatives, its duly authorized attorney and agent with limited power and authority to file, maintain and defend proofs of claim for Accounts, as that term is defined in the Agreement, serviced on behalf of Synchrony Bank, and otherwise service the Accounts.

RFIH and Synchrony Bank hereby appoint AIS, its successors and assigns, as the true and lawful attorney respectively, with full power of substitution, and give and grant to AIS, and its successors, full power and authority, at any time and from time to time, to file proofs of claim for the Accounts in the name of Synchrony Bank, and to take any other such action as may be required to effect the filing of such proofs of claim and to receive notices and payments relating thereto and to otherwise service the Accounts in accordance with the Agreement.

This Limited Power of Attorney shall be effective upon the date of execution below and the authority shall expire upon November 30, 2023.

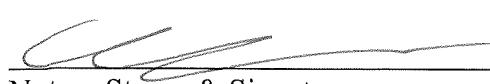
IN WITNESS WHEREOF, RFIH and Synchrony Bank have caused this instrument to be duly executed this 13 day of October, 2022, by its duly authorized officers.

RETAIL FINANCE INTERNATIONAL
HOLDINGS, INC.
By: 
Title: Vice President, CFO & Treasurer

STATE OF Connecticut
COUNTY OF Fairfield

On this 13 day of October, 2022, before me personally appeared Brian Wenzel who acknowledged himself to be the Vice President, CFO & Treasurer of RETAIL FINANCE INTERNATIONAL HOLDINGS, INC., and that he, as such officer, being authorized to do so, executed the foregoing instrument for the same purposes herein contained, by signing the name of RETAIL FINANCE INTERNATIONAL HOLDINGS, INC. by himself as Vice President, CFO & Treasurer.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 13 day of October, 2022.



Notary Stamp & Signature

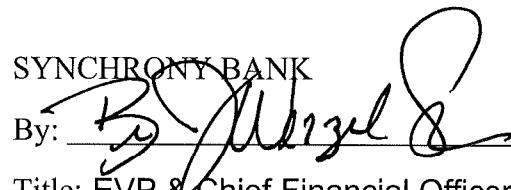
EVA WILLATT

NOTARY PUBLIC

MY COMMISSION EXPIRES 7/31/26

My commission expires: _____

SYNCHRONY BANK

By: 

Title: EVP & Chief Financial Officer

STATE OF Connecticut

COUNTY OF Fairfield

On this 13rd day of October, 2022, before me personally appeared Brian Wenzel who acknowledged himself to be the EVP & Chief Financial Officer of SYNCHRONY BANK, and that he, as such officer, being authorized to do so, executed the foregoing instrument for the same purposes herein contained, by signing the name of SYNCHRONY BANK by himself as EVP & Chief Financial Officer.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 13rd day of October, 2022.



Notary Stamp & Signature

EVA WILLATT

NOTARY PUBLIC

MY COMMISSION EXPIRES 7/31/26

My commission expires: _____